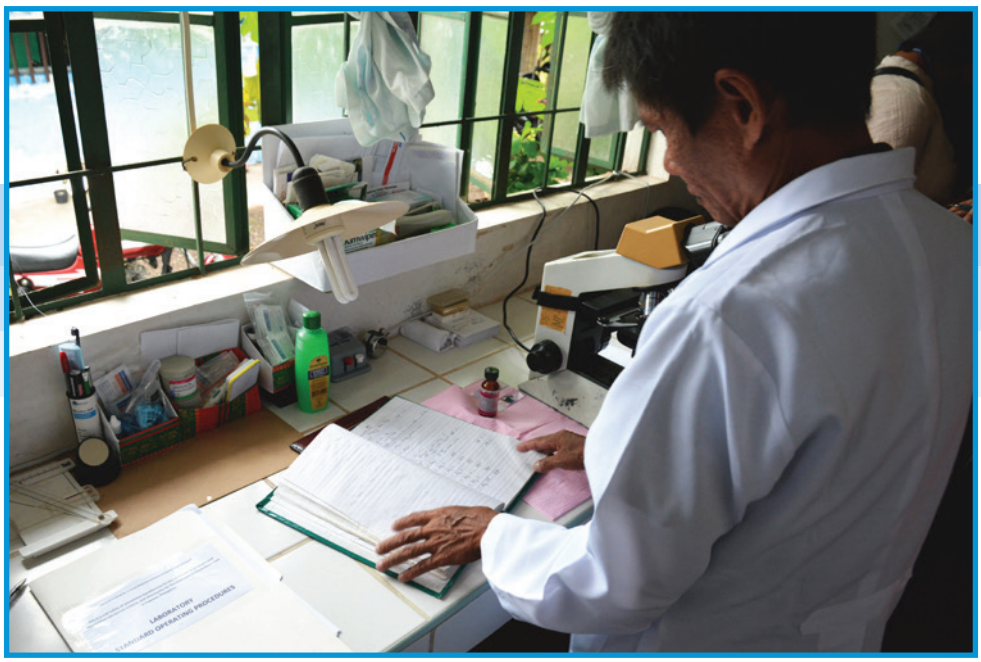
Meeting Report

Second Pacific Malaria Drug Resistance Monitoring Network Meeting



Manila, Philippines
6–7 May 2013

World Health Organization
Western Pacific Region

Participants of the Second Pacific Malaria Drug Resistance
Monitoring Network Meeting
Manila, Philippines, 6–7 May 2013

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REPORT

SECOND PACIFIC MALARIA DRUG RESISTANCE MONITORING NETWORK MEETING

Convened by:
WORLD HEALTH ORGANIZATION
Western Pacific Region

Manila, Philippines
6–7 May 2013

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NOTE

The views expressed in this report are those of the participants in the Pacific Malaria Drug Resistance Monitoring Network Meeting and do not necessarily reflect the policies of the World Health Organization.

This report has been printed by the World Health Organization Western Pacific Regional Office for governments of Member States in the Region and for those who participated in the Pacific Malaria Drug Resistance Monitoring Network Meeting, held in Manila, Philippines on 6 and 7 May 2013.

CONTENTS

Keywords:

Drug Resistance / Malaria - drug therapy / Drug Monitoring / Antimalarials

ACRONYMS AND ABBREVIATIONS

ACD	active case detection
ACPR	adequate clinical and parasitological response
ACT	artemisinin-based combination therapy
AL	artemether-lumefantrine
AMO	amodiaquine
API	annual parasite incidence
AusAID	Australian Agency for International Development
CQ	chloroquine
DHA	dihydroartemisinin
DHP/DHA-PPQ	dihydroartemisinin-piperaquine
ERC	Ethics Review Committee
FSAT	Focal Screening and Treatment
G6PD	Glucose-6-Phosphate Dehydrogenase
GFATM	Global Fund Against AIDS, Tuberculosis and Malaria
GF	Global Fund
GMP	Global Malaria Programme
GMS	Greater Mekong Subregion
GPARC	Global Plan for Artemisinin-Resistance Containment
IPT	Intermittent preventive therapy
IPTi	Intermittent preventive therapy for infants
IPTp	Intermittent preventive therapy for pregnant women
IR	intra-rectal
IRD	Institutional Review Board
LLIN	long-lasting insecticidal net
MSAT	mass screening and treatment
NMCP	National Malaria Control Programme
Pf	*Plasmodium falciparum*
Pv	*Plasmodium vivax*
Pk	*Plasmodium knowlesi*
PCR	polymerase chain reaction
PNG	Papua New Guinea
PQ	primaquine
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
RITM	Research Institute for Tropical Medicine
SEA	South-East Asia
SEARO	WHO South-East Asia Regional Office
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
TES	therapeutic efficacy studies
WHO	World Health Organization
WPRO	WHO Western Pacific Regional Office

EXECUTIVE SUMMARY

The second meeting of the Pacific Malaria Drug Resistance Monitoring Network was held in Manila, Philippines from 6 to 7 May 2013, two years after its official launch. The meeting was attended by three temporary advisers, two observers, 15 WHO Secretariat and 13 participants from seven countries: Indonesia, Malaysia, Papua New Guinea, Philippines, Solomon Islands, Timor-Leste and Vanuatu.

The objectives of the meeting were:

1) to assess the national malaria treatment policies and antimalarial drug efficacy data and monitoring systems, and to identify key issues and gaps;

2) to review and update country plans for antimalarial drug efficacy monitoring for the next two years and;

3) to develop the Pacific Malaria Drug Resistance Monitoring Network plan of action, including partner cooperation, resource mobilization and linkages with other networks.

The meeting included country presentations, technical presentations by the participants and WHO staff, and group discussions. All seven member countries since the last meeting have conducted or are about to conduct therapeutic efficacy studies (TES) and have plans for the next two years. The country representatives revisited their respective 2011 malaria drug efficacy monitoring plans and shared what has been accomplished to date, as well as the gaps and areas for improvement. The need for capacity building at all levels of TES implementation was highlighted. A number of common challenges were identified such as difficulty reaching adequate sample size in view of the decline in malaria patients, definition of sentinel sites, duration of recruitment, quality assurance for malaria microscopy, laboratory support for molecular analysis, migration and human resources.

There was group work for the development of country plans over the next two years. Planned activities include setting up or strengthening a quality assurance system for microscopy, continuation of ongoing TES and commencement of new studies in other sites. The exchange of information led to the revision and harmonization of country plans for 2013 to 2015. The TES activities for the next two years are largely funded by the Global Fund and AusAID, but sustainability is an issue.

It was assessed that the network founded two years ago contributed to the harmonization of the TES across the countries of the network. It was also concluded that the network, due to the recent availability of funding, is now ready to support country-level TES and conduct regional activities and effectively coordinate drug resistance monitoring in the region.

The current TES involves a variety of partners, but the network would profit from strengthening existing partnerships and establishing new ones. Given the emergence of the artemisinin resistance in the Greater Mekong Subregion, intensification of drug resistance monitoring throughout the region is essential.

Recommendations from the meeting were the following:

1) Ensure that the TES country plans are fully implemented to a high standard, following the WHO standard protocol including analysis of Day 3 positivity data (as an indicator for artemisinin resistance) as part of the TES. Priority should be given to first-line drugs;

2) The network with the funding now available should support countries to address identified gaps and needs in TES implementation;

3) The network should support regional- and country-level capacity building (including cross-country visits) in areas relevant to the implementation of TES;

4) The network should contribute to strengthening existing partnerships and facilitate the establishment of new ones, where needed. Partnerships should be built on common interest and mutual benefit and the agenda should be set together;

5) The network should facilitate the exchange of data and information at regional and country level;

6) The network should support independent monitoring of TES, quality assurance of microscopy and data validation as key regional activities;

7) The network should encourage and facilitate operational research that contributes to improved drug efficacy monitoring and prevention of artemisinin resistance;

8) The network and countries should be actively engaged in securing long-term funding;

9) The next network meeting should take place in one year in Malaysia.